

4021

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
1. County of <u>Pima</u>	State Index No. <u>186</u>		
District of <u>Flora</u>	County Registrar No. <u>477</u>		
Town of _____	Local Registrar No. _____		
or _____	No. _____		
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Baby Robledo</u>		3. Sex of Child <u>Female</u>	
4. Twin, triplet or other _____		5. Legitimate? <u>No</u>	
6. No., in order of birth _____		7. Date of birth <u>July 24-1923</u>	
8. FATHER		9. MOTHER	
Full name <u>Juan Sandobal</u>		Full maiden name <u>Maria Robledo</u>	
10. Residence (Usual place of abode) <u>Not known</u>		11. Residence (Usual place of abode) <u>Miami Univ.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
12. Color or race <u>Mex</u>		13. Age at last birthday <u>22</u> (Years)	
14. Birthplace (city or place) <u>Mexico</u>		15. Birthplace (city or place) <u>Mexico</u>	
(State or country) _____		(State or country) _____	
16. Occupation <u>Miner</u>		17. Occupation <u>Surround</u>	
Nature of industry _____		Nature of industry <u>House work</u>	
18. Number of children of this mother _____		19. Were precautions taken against ophthalmia neonatorum? <u>No</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living _____	
(b) Born alive but now dead _____		(c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Balborn</u> at <u>Flora</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>Charles E. Irvine M.D.</u>		Address <u>Miami Univ.</u>	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Given name added from _____	
supplemental report _____		Month, day, year. _____	
Registrar. _____		Filed <u>July 31, 1923</u>	
		Filed <u>8/3, 1923</u>	
		Local Registrar. <u>B. J. Jay</u>	
		County Registrar. _____	

096-724-496